

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective September, 1, 1993 and Commission Rule 133.305, titled Medical Dispute Resolution, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service (DOS) 04/20/01 and 07/09/01?
b. The request was received on 01/02/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution dated 12/31/01
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 08/15/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 08/16/02. The response from the insurance carrier was received in the Division on 08/22/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 12/31/01
The provider has not been reimbursed for the preauthorized services.
2. Respondent: none submitted

IV. FINDINGS

1. Based on Commission Rule 133.305 (d)(1&2), the only dates of service eligible for review are 07/12/01 and 08/22/01.
2. The Requestor withdraws from the dispute: DOS 04/16/01, CPT code 99204; DOS 05/04/01, CPT code 99070 x 4; and DOS 06/22/01, CPT code 99213.
3. The Carrier's EOBs have the denials "E – Entitlement to benefits" and "U – Unnecessary Treatment (without peer review)."
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
04/20/01 05/04/01 05/07/01 05/11/01 05/14/01 05/18/01 05/21/01 05/25/01 05/30/01 06/04/01 06/11/01 06/15/01 06/18/01 06/22/01 06/25/01 07/06/01 07/09/01	97113	\$260.00 \$416.00 \$416.00 \$312.00 \$416.00 \$364.00 \$260.00 \$416.00 \$364.00 \$312.00 \$260.00 \$312.00 \$416.00 \$208.00 \$312.00 \$208.00 \$364.00 ((\$52.00 per unit))	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	U U E E U U E U E E U U U U U U U	\$52.00 per 15 minute unit	Texas Workers' Compensation Act & Rules, Rule 133.301 (a), Rule 133.304 (c) & (j)	<p>The carrier has used the denial code "E" on some DOS, but a review of the Commission's case file and computer logs finds no TWCC-21 filed per Rule 133.304 (j). Therefore, the carrier's denial is inappropriate and does not satisfy the requirements of Rule 133.304 (c) for the DOS denied "E."</p> <p>The carrier has used the denial code "U" on some DOS. However, the dispute packet contains documentation that the provider obtained preauthorization. Per Rule 133.301 (a), the carrier cannot retrospectively review medical necessity of services for which the HCP has obtained preauthorization under Rule 134.600. Therefore, the carrier's denial is inappropriate and does not satisfy the requirements of Rule 133.304 (c) for the DOS denied "U."</p> <p>The provider is entitled to reimbursement of \$5,616.00, the MAR of the billed services.</p>
05/21/01	99213	\$48.00		E	\$48.00	Texas Workers' Compensation Act & Rules, Rule 133.304 (c) & (j)	<p>The carrier has used the denial code "E", but a review of the Commission's case file and computer logs finds no TWCC-21 filed per Rule 133.304 (j). Therefore, the carrier's denial is inappropriate and does not satisfy the requirements of Rule 133.304 (c) for the DOS denied "E."</p> <p>The provider is entitled to reimbursement of \$48.00.</p>
Totals		\$5664.00	\$0.00				The Requestor is entitled to reimbursement of \$5,664.00.

The above Findings and Decision are hereby issued this 4th day of October 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$5,664.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 4th day of October 2002.

Carolyn Ollar
Medical Dispute Resolution Supervisor
Medical Review Division